

DOCUMENT RESUME

ED 335 427

UD 028 092

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TITLE Cultural Factors Influencing the Cambodian Refugee School Child: Implications for Health Education.
PUB DATE 90
NOTE 15p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Adolescent Development; Asian Americans; At Risk Persons; *Cambodians; *Cultural Influences; Culture Conflict; Elementary Secondary Education; Foreign Culture; *Health Education; Intercultural Communication; Parent Child Relationship; Refugees; *Sociocultural Patterns
IDENTIFIERS Cambodian Culture

ABSTRACT

Of all of the Southeast Asian populations, Cambodian refugees are at the highest risk for physical and psychosocial problems. In order to treat them, it is necessary to have a basic understanding of Khmer culture. This paper describes the Khmer value of equilibrium as it affects such things as home remedies, for children's illnesses, managing stress, child-rearing, and the mother's role in her children's lives, and as it conflicts with the children's experience of American values. Disequilibrium is managed through active family intervention in some of the following ways: (1) the use of home remedies (sometimes misconstrued by Americans as child abuse); (2) the encouragement of laughter, prayer, and meditation to suppress bad feelings and cure depression (as opposed to the American way of urging the child to express feeling); (3) the avoidance of certain foods or the preparation of "balancing" foods when sick or emotionally distressed; and (4) a non-confrontational approach to adolescent problems, for which American culture is blamed. Acknowledging and building on these cultural manifestations of equilibrium can be an entry point for the school nurse or health educator into the bicultural world of the Cambodian refugee child. Sixteen references are included. (CJS)

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ED335497

**CULTURAL FACTORS INFLUENCING THE CAMBODIAN REFUGEE
SCHOOL CHILD: IMPLICATIONS FOR HEALTH EDUCATION**

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ABSTRACT

Cultural Factors influencing the Cambodian Refugee Child: Implications for Health Education

Living in two perceptual worlds, Cambodian refugee children and youth in America have been targeted as a high risk group for physical, psychosomatic and drug-related problems. Communication with the Cambodian community has presented a major challenge to educators in the American school system as there are fundamental differences between mainstream American and Cambodian perceptions about childrearing patterns, parental roles, and causation and treatment of illness. This paper describes the central theme of equilibrium in the Cambodian culture as it effects the treatment of illness, the management of stress, the patterns of child-rearing, and the perception of the maternal role. Conflicts faced by the bi-cultural Cambodian school child are discussed and cultural strategies for the school nurse or health educator are identified.

The United States is increasingly a pluralistic society populated by ethnic minorities and recent immigrants. Since 1975 over one million refugees, mostly from Southeast Asia, Central America, and Eastern Europe have entered the United States. Among these populations one of the most traumatized groups are the Cambodian or Khmer refugees. From the war-torn villages of southeast Asia, these recent immigrants have settled primarily on the Northeastern seaboard and in California. Over 140,00 strong and growing in number, they are a young to middle-age population who have survived the Cambodian holocaust under the Khmer Rouge reign of terror.¹

The Cambodian refugee population has been targeted as the southeast Asian population at highest risk for physical and psychosocial problems. In one epidemiological study of refugees in Santa Clara county in northern California, the Cambodians were found to be the least educated, sickest, and most depressed across all age groups.² The major physical illnesses have been tuberculosis, severe anemias, parasitic diseases, malnutrition, sequelae of malaria, and hepatitis B. Psychosocial risks have included a high suicide rate, severe depression, somatization, and post-traumatic stress syndrome. Khmer youth have been targeted as an especially high risk group as emotional problems in southeast Asian youth are generally presented psychosomatically or in drug overdose. Psychosomatic illnesses and drug overdose may be treated symptomatically while the underlying issues remain unresolved.³⁻⁷

THE CAMBODIAN WORLD VIEW: PERCEPTUAL DIFFERENCES

Cambodian world view and perceptions are radically different from American world view. These differences have presented challenges and frustrations to educators and administrators in the American school system. The problem has been compounded due to the paucity of available information on Khmer cultural dynamics. This is in part because the Khmer have not been aggressive in acculturating and integrating into the American system. This reticence to enter fully into American life has been attributed to high levels of depression, lack of English language skills, and a cultural bias toward non-aggressive behavior.⁸ Further, scholarly data on this cultural group has been limited. Anthropological study on the dynamics and world view of the Khmer family system consists of one study in pre-revolutionary Cambodia⁹, one in the refugee camps on the border of Thailand¹⁰, and two in the United States.¹¹⁻¹²

The differences in perception between the American and the Cambodian world view include fundamental definition of kinds, causes, and treatment of illness, patterns of decision making within the family, childrearing patterns, and beliefs about parental roles. Hence, Cambodian school children live in two perceptual worlds, going to school in America but coming home to Cambodia in the evening. Bridging the cultural and perceptual differences presents a major challenge and mental health risk for these acculturating children. In order to help them bridge this gap, it is critical for American educators to have a basic understanding of the Khmer culture.

THE CENTRAL THEME: EQUILIBRIUM

The central theme of the Khmer culture is the belief in the need for equilibrium. This principle of equilibrium extends to all areas of life including balance in food intake, emotional state, interpersonal relations, work and leisure patterns, and spiritual life. Framed by Theravada Buddhism, the Cambodian culture advocates merit making activities, such as almsgiving and kindness to others, as the means of canceling out past transgressions both in this reincarnated life and in previous lives. Beyond the concept of equilibrium, Buddhism and Christianity, the major religions of the Khmer, both advocate individual responsibility for behavior. Equilibrium is promoted through culturally correct behaviors such as generosity and maintaining non-confrontive interpersonal relationships. This valuing of an indirect, non-confrontive stance in interpersonal relationships is quite oppositional to American culture and world view.

Health is viewed as a state of balance of forces, "hot" and "cold," internal and external. The Khmer view themselves as very vulnerable to the effects of "bad wind" or "wind illness," an internal state of disequilibrium. As one Cambodian commented, "The Khmer people, they are very worried for the wind. They always think about the wind."¹³ Windy weather, perceived as a serious external precipitating factor for internal "bad wind," is believed to cause the children to develop fever or upper respiratory infection. The child who is sick with a case of "bad wind" must be kept inside. If it is absolutely necessary for the child to go

outside, s/he must be completely bundled against windy weather in order to avoid exacerbating the internal state of "bad wind." A Khmer parent would be very concerned if the child returning to school after such an illness were sent outside for recess only partially covered up.

Equilibrium can only be restored if the "bad wind" is released from the body through kos khyal or "coin rubbing", a custom also practiced by the Vietnamese. Kos khyal consists of massaging the skin with eucalyptus oil and then rubbing the skin with a heated coin to raise red welts through which the "bad wind" can escape. "Coin rubbing," is generally quite harmless and an expression of Cambodian parental concern for a sick child. Occasionally in the American school system "coin rubbing" has been misconstrued as child abuse.

"Bad wind" illness can also result from harboring anger or grief. Chronic headaches, a kind of "bad wind" illness caused by anger or grief, are treated with "coin rubbing," with pinching the skin to redden it, or by placing a lighted candle in a small bottle on the forehead raising reddened welts through which the "bad wind" can escape. If one has a very severe case of stress-induced "bad wind," as manifested by catatonia, it is considered to be "frozen wind", kchall koo. The Khmer believe that the blood will soon cease to circulate and that death is imminent. In order to save his/her life, the family must pray, chant, and embrace the catatonic member as well as obtain the services of an acupuncturist¹⁴. The occurrence of such a dramatic and unsettling

event in the family can be very difficult for the Khmer child to explain to an American teacher or school nurse. Yet the child may be very shaken by this family crisis.

Disequilibrium can also be caused by "thinking too much," a cultural concept describing a state of depression, rumination, and perseveration upon past traumatic events. In a recent study¹⁵, Khmer women informants perceived "thinking too much" to be a significant problem among Khmer adolescents who complained of frequent headaches, among Khmer men in general, and among elderly Khmers. The women themselves did not perceive that they were susceptible to this problem defining their role as the stress-bearers and health care decision makers when a family member is "thinking too much." This role consists of counselling the distressed person to ignore sad thoughts and to engage in prayer and meditation. The woman must also make sure that the distressed person does not drink any alcohol, a cultural taboo when one is sad. She must "talk sweet" to the distressed person, neither nagging nor telling her any bad news.

Laughter is a balancing behavior for the Khmer. In Gail Sheehy's book Spirit of Survival, her adopted daughter Mohm described her coping ability while in a work camp under the Khmer Rouge, as "always something to laugh"¹⁶. When her husband, aged parent or adolescent child is "thinking too much," the Khmer woman perceives that she must attempt to make him or her laugh.

The Khmer adolescent who is experiencing frequent headaches, has psychosomatic complaints, or who has overdosed on a drug is

likely to be considered "thinking too much" by the family. The adolescent may receive conflicting messages on how to handle the problem. On one hand, his/her mother may be counseling him/her to ignore and suppress sad feelings, providing positive reinforcement for "smiling depression." The adolescent may receive an opposite message from the school nurse or health educator who is encouraging expression and discussion of feelings of sadness and depression. The Khmer mother may be "talking sweet" and shielding the teenager from bad news while the school psychologist may be encouraging confrontation of the issue. In working with the troubled Khmer adolescent there needs to be close communication especially with the mother. Strengths to build upon include the cultural taboo against the use of alcohol when depressed and the cultural admonition to culturally-supported spiritual stress-reduction methods like prayer and meditation.

Another perceived source of disequilibrium is being in a "hot" or "cold" state rather than in a neutral balanced state. Equilibrium can be restored only by avoiding certain foods and consuming others. For instance, when one's body is in a "hot" or overly active state, such as occurs with high blood pressure, fever or severe emotional distress, culturally defined "hot" foods such as wine, meat, salt, and highly spiced foods are believed to worsen the condition and must be avoided. "Cold" foods like fruits and raw vegetables are prescribed. Likewise, when in a culturally defined "cold" state, such as when one has diarrhea or dysmenorrhea, "cold" foods are not to be consumed. When suffering from dysmenorrhea,

the woman including adolescent girls may drink wine, a "hot" food. In addition, dysmenorrheic adolescent girls are given meat and a cup of hot Khmer herbal tea in which an iron nail has been boiled. This custom suggests a cultural understanding of the link between diet and iron deficiency anemia in young women. Foods especially to be avoided by the young woman in a "cold" state with dysmenorrhea are seafood, fish sauce, and sour foods¹⁷⁻¹⁸.

Lastly equilibrium can be disturbed for spiritual reasons. In traditional Khmer thinking, which is a blend of animism and Buddhism, the world is populated by spirits, including benign guardian spirits, the neak ta. If the neak ta are enraged by immoral or disrespectful behavior on the part of family members, they can retaliate by causing illness in the family. Especially the neak ta are blamed when an infant becomes very ill with a high fever, convulsions or the measles. Neak ta can also cause gastrointestinal problems, nightmares, emotional instability and unexplained sudden death¹⁹⁻²⁰. The Khmer are reluctant to discuss these spiritual forces especially in connection with the word "death" or when speaking about a specific family member as it is believed that such discussion could incur the attention and revenge of the neak ta especially against babies. One Khmer woman qualified this stating, "Babies don't get convulsions so much in America because there are fewer neak ta here than in Cambodia."²¹

THE BI-CULTURAL CHILD

Khmer children and adolescents, like the children of Jewish concentration camp survivors, are growing up in a world very

different from that of their parents. There are many gaps that exist between the first-generation immigrating parents and their bi-cultural children. A recent study suggests that Khmer refugee parents do not perceive adolescence to be a conflictual or difficult passage as do American parents. The findings also indicate that when adolescent-parental conflict arise or the adolescent shows culturally deviant behavior such as engaging in substance abuse, sexual promiscuity, disobedience to parents, or "acting too separate from the family," Khmer parents perceive that this "bad behavior" is caused by the American culture. One Khmer mother stated, "Teenagers are bad in America. We did not have this problem before in our country. In Cambodia, we make a marriage for them and so we do not have a problem." Should an adolescent act out, cultural dictates for parental management include a gentle, non-confrontive approach although this does not always happen in practice. In general punishment is considered disrespectful and crushing to the adolescent's delicate spirit. One mother commented, "If the teenager disobeys, we talk sweet to him. If he does not listen, then we don't talk anymore about the problem. Mostly he needs love and we don't want to hurt his spirit." There is also a real fear of involving the police in parent-child conflicts. As one woman stated, "We would never call the police-never! If he [*the adolescent-italics mine*] is a bad child, we will call the monk to talk to him or some of the men."²²

Khmer adolescents may receive two cultural messages about the normalcy of moving toward self-direction. On one hand, the highly

individualistic American culture encourages independence while simultaneously acknowledging adolescence as a difficult passage. The Cambodian culture defines an adolescent who is "acting too separate from the family" as "bad" while simultaneously denying adolescence as a problematic period. The informants in a recent study²³ stated that adolescents had no problems as long as they had full stomachs, a belief which suggests continuing anxiety about the severe food deprivation and starvation experienced during the holocaust in Cambodia as well as either a lack of knowledge or a denial of the cross-cultural issues which confront the Khmer adolescent on a daily basis. Caught in this cultural crossfire, Khmer adolescents may be experiencing loneliness, a sense of alienation, and mental stress as they attempt to grapple with fluctuating cultural expectations.

DISCUSSION

The concept of equilibrium is central to the Cambodian culture. It is a stabilizing force providing cultural identity and a sense of self-reliance to a people who have barely escaped extinction. Equilibrium is operationalized through the balance of food, the avoidance of invasive forces such as strong winds, and through a maternal support system to promote mental balance. Disequilibrium is managed through nurturing behaviors which involve active intervention on the part of the family. These include "coin rubbing" and the preparation of balancing foods. Such comfort measures are an expression of the family's concern. Acknowledging and building upon these cultural manifestations of equilibrium can

be the entry point for the school nurse or health educator into the bi-cultural world of the Cambodian refugee child.

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